



ACCIDENT REPORT FORM
3-401.B

School

Date of report

School address

Name

Sex: Male Female

Grade

Date of Birth

Home address

Phone

Teacher

Email address

Time of accident:

am pm

Date

Location of accident: School building School grounds To or from school

Interscholastic athletics

Witness name

Address

Phone number

Title/Position

Accident Description:

What occurred and how did it occur? Using quotation marks appropriately, what did the student state? Where was the student?

Signature of person reporting

Was the parent or other individual notified? No Yes When?

Name of individual notified _____ How? _____

By whom?

First aid treatment _____ By whom? _____

Called 911; Sent to: Home Physician Class Hospital

How was student transported?

District office notified. Time _____ By whom? _____

Location: Athletic field Playground Classroom Corridor of

Cafeteria Dressing room Gymnasium Home ec accident Bus

Science lab Rest room School grounds Shop Showers Stairs

Bus stop Other:

Follow-up:

Report to law enforcement agency or fire department? Yes No

Agency/Dept. _____ Date of Report: _____

Officer ID Number _____ D.R./I.R. # _____

Agency/Dept. Response _____

Other _____

Total number of days absent:

Nature of injury: Abrasion Amputation Animal bite Avulsed tooth

Fracture Human bite Laceration Puncture Scratches Sprain

Strain Other:

Part of body injured: Ankle Arm Back Clavicle Elbow Eye

Face Finger Foot Hand Head Knee Leg Nose Scalp Toe

Tooth Wrist Other:

Superintendent's signature _____ Date _____ H/A or Nurse signature _____ Date _____